Knowledge Sharing Meeting III
John Ross and John Stover Presentation
24 October 2002

The overall trends discussed by John Ross and John Stover focus around the fact that funding for population activities is not increasing (and in relative terms may even be declining) over the years while the need for population activities is increasing. Accordingly, we must somehow devise a way to meet the increased demand on more limited resources. The Ross/Stover presentation covered the following points:

- USAID activities expanded in number of countries
- Population growth affects the demand
- We must look at variables including method mix and new technologies, source of supply, access to services, integration of services and quality improvements, and effects of health sector reforms
- There is increasing demand for integration both in terms of reproductive health services as well as with other health services
- Population assistance is affected by
  - international funding
  - infrastructure changes
  - relations of donors and cooperating agencies
  - affects of HIV/AIDS on funding
- With plateauing assistance and increasing demand, we face a resource crunch
- What strategies will we employ to deal with the resource constraints?

Highlights of Group Discussion:

Method Mix – We need not only quality, but also availability. There was some discussion on how method mix may not always affect fertility rates – there are other factors that need to be considered that serve as barriers or influence choices. Some methods are more expensive than others. How important is it to have a large method mix available? Perhaps we could focus on certain methods.

Integration – This is an issue particularly as countries move towards self-sufficiency. Development assistance is not keeping up with the increase in population and inflation.

Population Funding – Not decreasing per se, but the real dollar amounts end up being less. Population funding is not necessarily being negatively affected by HIV/AIDS funding. But because of population growth, greater demand, and inflation the investment does not go as far. It may be necessary to focus on fewer countries because of funding constraints.

Implications – The revolution in service delivery is one that needs to take place in the most complex settings – countries in conflict or post-conflict situations. We need to determine if there are common strategies we can employ in all of these countries, or if we need to program differently for each case. These are very sensitive cases and we know very little about programming in these situations.

Urbanization – Urbanization is on the rise, which does pose some advantages for service delivery as well as challenges. The private sector works better in an urban environment. Healthcare professionals are generally better trained and work with a larger number of patients, which can lead to better quality. Population growth is taking place not so much in the mega-cities, but in the tertiary and secondary cities.

Strategic Approach – Given the resource constraints and issues discussed, it is necessary for us to develop a strategy in approaching these issues. One important issue to take into consideration is how countries that have had successful programs manage their resources once the donors withdraw. We must also consider what will happen to the fertility levels. Can these be sustained? There is a different set of issues for each country and group. We must also consider how to divide them (regionally or by other characteristics) as categorizing is helpful when developing a strategy.

With funding, we need to decide if it is better to focus on fewer numbers of countries or just continue business as usual in a more diluted manner.

There is potential for combining Family Planning with Maternal Health in countries that have made little progress or are just beginning in regards to fertility rates - there are useful linkages that can be made between the two. However, Maternal Health needs a much more extensive infrastructure to be effective and FP should not wait for that infrastructure to begin in an area. Family planning is much easier to implement with strategies such as social marketing or CBD programs.

Another area we need to look at is the private versus public sector. There are a number of users using public sector programs that can pay for their services. Perhaps we should think differently in countries that have made little or no progress in fertility rates by strongly investing in the private sector from the beginning. We can package simple interventions and get them out, but urban/rural barriers need to be considered.

We can look at increasing our efficiency, but that won't completely address the problem because we have already been trying to achieve greater levels of efficiency.

We do need flexibility in programming, but somewhere along the line we simply have to make some difficult decisions with constrained resources in determining our investment.

The commodity issue itself is part of resource constraints. There is an increased commodity demand, but funding parallels that of service funding. We need to look at where we are spending our money (technical assistance, commodities, infrastructure) and determine where our advantage is. Where is the best bang for our buck?

HPIC/debt relief – can lead to a great investment in healthcare on the part of national governments by freeing up resources.

We should not give up our efforts to increase funding just because HIV/AIDS has received so much attention and funding. There are lessons to be learned from the HIV/AIDS campaign.

They generate a lot of press and support. We can also look to other sectors (agriculture, transportation, and education) as this affects all of them as well. It should be part of their equation.

Donor contributions will never keep up with the estimated increase in number of users. The private sector must play a large role. How can we start engaging the private sector earlier in the countries with high TFR? Do we have to think always of supply-side assistance? How about focusing on training and standards and employing a voucher system to jump-start the private sector? Projects such as this have been tried in Haiti and Mali – and stopped. They were not very successful. This is something we should think through especially when thinking of countries such as Afghanistan. These are very complex settings so we don't know much about how such a strategy will work. The governments are unsteady and uncertain which makes the growth of the private sector difficult. The private sector needs a certain type of policy environment to operate effectively. How do you create this kind of a policy environment?

We need to be clear in our definition of service delivery. We also need to better define "we". We are not talking about Global Health alone – we must also consider the regional bureaus, etc. As we are looking at the entire budget, we must influence from the top.

Increasing funding for FP is slim chance. We must look creatively at what can be done given our resource constraints.

The private sector is very important but we must also recognize the costs – subsidies, marketing of programs. It is not an easy answer, but remains a very important strategy especially when considering sustainability issues. We owe it to ourselves to look at social marketing critically – the DFID paper claims it is 6 times as expensive.

We need to be clear on what our bottom line is – what are we trying to achieve? Is our goal to continue maximizing users? Regardless of the cost? Our ultimate goal will affect how many strategy options we have. If we are looking only to maximize users, we do not have a lot of latitude in changing the status quo.

There are differing TFR levels and needs. It is worth comparing the differences in where countries are going and what kind of assistance they need (whether that be technical assistance, commodities, etc).